



# NON-EMPLOYEE TRAVEL REIMBURSEMENT CLAIM AMC

Department of Career and Technical Education  
SFN 58660

State Capitol 15<sup>th</sup> Floor  
600 E Boulevard Ave Dept 270  
Bismarck, ND 58505-0610  
Phone 701-328-3180  
Fax 701-328-1255

Name		Social Security Number	
Mailing Address		City, State, Zip Code	
Name & Dates of Meeting/Seminar			
Date and Time Travel Began		AM PM	Date and Time Travel Ended
			AM PM

Commercial transportation (attach original receipt/coupon)	\$
Taxi fare (attach receipt if over \$10)	\$
Registration fee (attach receipt if paid by claimant)	\$
Lodging (attach original receipt)	\$
Other – (attach receipts - meals not applicable) <b>Completion of 24 hours of Instruction</b>	\$ 850.00
Personal vehicle mileage (round trip)	miles

I certify this request is correct and complete and all expenditures are accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE USE ONLY							
	IN NORTH DAKOTA			OUTSIDE NORTH DAKOTA			Totals
MEALS	Breakfast \$5	Lunch \$7.50	Dinner \$12.50	Breakfast 20% GSA Rate	Lunch 30% GSA Rate	Dinner 50% GSA Rate	
Number of Meals							
Number x Rate = Cost							\$
LODGING	(Actual cost up to \$55 plus Applicable Tax)			(Actual Cost)			
	Rate \$      x ____ Night(s) =			Rate \$      x ____ Night(s) =			\$
MILEAGE	Miles      @ \$.45 =			Miles      @ \$_____ =			\$
OTHER EXPENSES							\$850.00
<div>_____ CTE Approval</div> <div>_____ Date</div>							<b>Total Claim</b> \$ 850.00
Line	Business Unit	Account Object Code	Dept Cost Center	Operating Unit	Class APPN LINE	Fund	Project

Retain a copy for your records.